PATHOGENY

OF THE

NEURASTHENIC STATES

BY

DR. PAUL DUBOIS

AUTHORISED TRANSLATION

BY

EDWARD G. RICHARDS

EDINBURGH AND LONDON
WILLIAM GREEN AND SONS
1909

Price Two Shillings nett.

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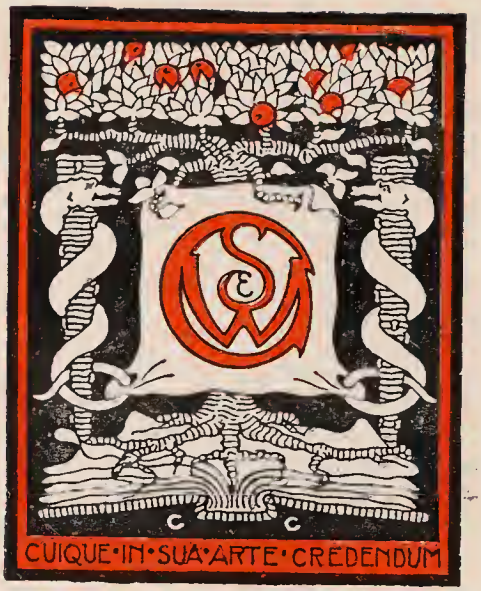

PRINTED BY
WILLIAM GREEN AND SONS
EDINBURGH

November 1909

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DR. PAUL DUBOIS

PROFESSOR OF NEUROPATHOLOGY AT THE UNIVERSITY OF BERNE;
AUTHOR OF "THE PSYCHIC TREATMENT OF NERVOUS DISORDERS;" "THE INFLUENCE OF THE MIND UPON THE BODY;" "SELF-CONTROL AND HOW TO SECURE IT," ETC.

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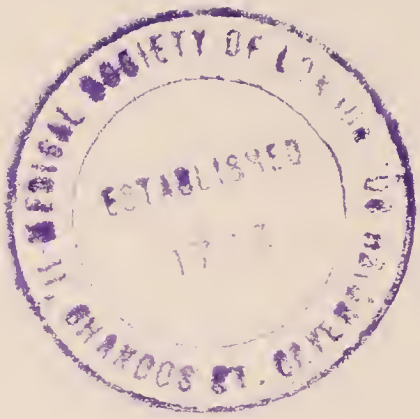
ESTABLISHED

PATHOGENY OF THE NEURASTHENIC STATES[1]

NEURASTHENIA is not a new disease entirely created by the conditions of modern life. The *Neurasthenic States* have always existed; they have been observed and described since the time of Hippocrates and Galen. Moreover, they must have been frequent, since Plato excluded from his *Republic* "those men, always occupied in dreaming of imaginary sufferings, having lost all aptitude for the arts and the sciences, incapable of understanding and meditating." It is certainly not the insane hypochondriac, the actual alien, that these words describe; it is just our "neurasthenic" keeping his place in the world while at the same time being more or less incapable of fulfilling his task. Observe how well Plato saw the "hypochondriac" nature of the preoccupations of these subjects, and the "psychasthenia" which prevents them from understanding and medi-

[1] Communication presented at the Tenth French Congress of Medicine, Geneva, September 1908.

tating, which creates their inability to adapt themselves to life.

If the new drawer, opened and labelled "neurasthenia" by the American neurologist, Beard, has been filled so quickly and overflows, it is because at first the badly-classed contents of many pigeon-holes have been put into it, and also that, like children urged to keep order, we have crammed into it everything that we did not understand.

Beard gave this name "neurasthenia," which has been so successful, to a collection of well-known symptoms, but whose description has to be sought for in numerous publications upon hypochondria, melancholia, hysteria, and in treatises upon mental alienation.

By studying the bibliography of the authors who have endeavoured to summarise the question, I find indicated, in about 70 per cent. of cases, publications concerning *hypochondriac affections*, in about 12 per cent., those which treat of *hysteria*, and more rarely of *melancholia*. In other works one observes the terms *vaporous affections*, *nervous troubles*, etc. Very soon one sees the appellation *nervous weakness* appear, the synonym of neurasthenia; the original expression, "supplicium neuricum" (G. Cheyne, 1723-1730), indicates in a picturesque manner all these

species of nervous and psychic affections, and the author designates his "morbid entity" by the name "English malady," as Beard later called it "American nervousness."

After about the year 1860 the word hypochondria disappears little by little from the literature; it is replaced by that of "nervous state," and already in many writings one sees the idea of "moral treatment" formulated.

Although the physicians of the eighteenth century and the commencement of the nineteenth —more of psychologists and philosophers than we, in spite of the sharp wind of materialism which blew at that epoch—were able to recognise the influence of mental representations and the emotions, in our day somatogenic conceptions are returned to. The clinique endeavours to become more precise; it relies upon the conquests of anatomy and of pathological physiology, so they speak of anæmia, of nervous and chloro-anæmic affections. Finally, localised neuroses are invented, limited to one organ:—neurosis of the heart, of the stomach, of the intestine, of the larynx, of the genital organs, etc. The attempt is made to characterise in one word this polymorphic affection under the names *irritable weakness*, *general neuralgia*, *spinal irritation*, *cerebro-cardiac neuropathy*, etc.

Since 1877, some years after Beard's publication, Moebius adopted the term "neurasthenia," and consecrated it by the authority of his name. The appellation passed finally into the classical works of all countries, and to-day the word is in every mouth.

What was the merit of Beard? Was it to have created a new word, to have thus circumscribed a morbid entity unknown before him? No. He had that characteristic peculiar to the Anglo-Saxons of not attaching himself too servilely to his predecessors, of observing for himself among his patients, and of describing simply the clinical pictures that defiled before his eyes. It is that independence which has given a particular mark to his work. He thus attracted the attention of observers to these little-known affections, and if the word neurasthenia has become dangerously common, it has had the advantage of provoking new studies and discussions which are always useful, even when sometimes a little confused. In such complex questions one must resign oneself to passing through a period of disorder in order to come to clear ideas. It makes us think; and of that, in my opinion, we have good need.

But if we owe a just tribute of homage to the American author, we cannot swear by the words

of the master and straight away adopt his views. It is for us to pursue the analysis, to bring the question always more to the point; it is sufficiently difficult to demand the work of several generations. It is therefore necessary to criticise the work of Beard, to make precise the clinical picture which he sketched.

First of all, I regret that he has described the symptoms of the trouble commencing at the crown of the head and ending at the feet, so that one learns to know the sensibility of the scalp, the pupillary changes, the variations of the expression of the eyes, the congestion of the conjunctiva, etc., before the capital stigmata of the *feeling of exhaustion*, the *depression*, the *pusillanimity*, and the *want of self-mastery*. He would have done well to have put in the front rank these great neurasthenic symptoms, and to have relegated to the second grade the multiple physiological symptoms which one observes in the nervous states. It would have been necessary to seek carefully the origin of these symptoms, to indicate those which were caused by an emotional state, conscious or subconscious, those which arise through the mental representations, by the imagination, and those which are the result of fatigue, physical, intellectual, and emotional. Such an arrangement would have

rendered the work more interesting to read, and would have enabled us better to grasp the nature of this affection, so frequent, not only in America, but everywhere, and as much in the country as in the towns.

The term "neurasthenia" which he proposed has the advantage of being short and convenient, and of expressing the *asthenic* characteristic. It has made its tour of the world, and will remain in our nomenclature just as that of "hysteria," against which objections still more justifiable have been raised without a more suitable appellation being able to be substituted for it.

But I must point out two drawbacks to the word neurasthenia; it makes the supposition that it is the *nerves* that are not equal to their task, as if it were a matter simply of a physico-chemical alteration, as yet unknown, of the nervous elements. This conception has taken possession of the minds of medical men; it is current amongst the public, and it has caused the psychological influences to be forgotten—the considerable part which the mind plays in the genesis of these states. I have dealt at length with these considerations in all my publications; it is this that has made me say, without wishing to propose a change of nomenclature, that *neurasthenia* is in fact a *psychasthenia;* it is also

the reason that I have replaced the term *neuroses* by that of *psychoneuroses.*

Used as a substantive, in the singular, the word "*neurasthenia*" encourages the idea of a "morbid entity," of a very limited affection which it is easy to separate distinctly from other more grave psychoneuroses.

It is against this tendency that I would first of all protest. No doubt the clinician has the very natural desire to classify the affections which he observes, to define the symptoms which strictly belong to them, and, even when they do not succeed, these attempts contribute to the widening and the deepening of our knowledge.

In the domain of the organic diseases, pathological anatomy, chemistry, and microbiology bring us new facts. Analysis defines more and more the morbid entity; it allows a positive separation to be established between neighbouring and often confounded affections. Future studies may further modify these classifications, but there remains to us a collection of well-established data.

The situation is quite different when one considers the *psychoses* and *psychoneuroses.* When one has thoroughly grasped the intervention of the mind in the genesis of psychological and physiological troubles, one perceives that analysis

often unites what one wishes to separate, and one experiences a growing difficulty in circumscribing the affection that one studies. Far from defining itself, the morbid entity seems to dissolve in our hands.

Is it simply to the insufficiency of our knowledge that one must attribute these difficulties? No. They are due to more profound causes. The morbid entity, in the proper sense of the word, can only be created in lesional diseases, when pathological anatomy lets one put the finger upon the primitive alteration, and recognise the causes, multiple perhaps, but univocal. The type of these diseases is the microbic affection. Whatever may be the results of more profound study of the biology of the micro-organisms, scarlatina will remain separate from measles, typhoid fever will not be confounded with cholera; although they have different causes —traumatic, microbic, or chemical—the inflammations of the organs will keep their clinical and anatomo-pathological autonomy.

But already in the domain of material medicine the receptivity in regard to pathogenic agents varies according to the constitution, according to the physical and even psychic nature of the subjects; and so it is difficult to state the causes precisely—to say where health

ends and disease begins. Here, also, one is often obliged to recognise "Natura non facit saltus."

As soon as one enters upon the territory where the mental element intervenes, one finds the impossibility of circumscribing true "morbid entities." According to the primitive character of the subject, his mentality, innate or acquired, the same ætiological factors, physical or psychic, will produce different symptoms. Still, further, we will observe in the same subject disparate symptoms belonging to neighbouring psychoneuroses, mixtures which in no way recall microbic associations, or the pure and simple co-existence of two organic affections. P. Janet has pointed out this fact very clearly from the first pages of his studies upon the Neuroses and Fixed Ideas. Analysing with subtilty the condition of his patient, M., and indicating the analogy between the "crises of dejection" and the "hysterical symptoms," he adds: "It will perhaps be said that we have here an aboulic and psychasthenic patient who has hysteria in addition. That is not our opinion: diseases are not entities which enter into a subject and range themselves one beside the other; that all forms but a single disease. It is the same alienation, the same mental perturbation, which may present itself under different but neighbouring forms."

In certain studies in which I am engaged I shall not hesitate to apply these data to the mental diseases properly so called—to the confirmed *psychoses*. They are also bound together by a narrower relationship than has hitherto been admitted. They arise from a great number of physical and moral causes, acting upon subjects not only vaguely "predisposed," but *abnormal* already in their primitive mentality, in their manner of reacting to the various stimuli, and the same primitive mental defect can induce very different psychopathic forms.

Is that to say that it is necessary to suppress the appellations hitherto employed, to give up classification? Do I propose to put everything in the same bag—to confound everything—as the authors who have interpreted me badly seem to suggest? Not at all, and I am anxious to make myself clear upon this point.

I have proposed to apply the term *psychoneuroses* to the class of the *neuroses* in order to indicate at once the influence of the states of mind in the genesis, the development, and the cure of these troubles. I in no way wish to resuscitate the "*nervosisme*" of Bouchut considered as a morbid entity, and I have employed that word only as a convenient abbreviation for "psychoneuroses."

In short, if I have insisted upon the bond which unites the different psychoneuroses, it is in order that the truth may be grasped that—In the domain of the affections in which the psychic factor intervenes in a preponderating manner, we can only outline *clinical pictures;* passing from the white of ideal mental health to the black of insanity, we can only circumscribe the degenerate by the conception of groupings of neighbouring shades. We also find observers contracting or enlarging these groups. Those who are skilful in psychological analysis tend to efface the boundaries, to seize the analogies which the symptoms present, to disclose the common mentality which engenders them. The pure clinicians, preoccupied with their didactic task, wish, on the other hand, to be definite, to create autonomous psychoneuroses. But there are not two logics—that of the psychologist and man of science, and that of the clinician and practitioner. For every medical man who thinks, there are two preoccupations which are in no way opposed: one is to analyse the state of his patients without becoming alarmed if his observations lead him to regard the conditions from a higher position, from a point of view which renders the boundaries faint; that is the theory which authorises the boldest hypotheses: the other

preoccupation is of the practical order; it concerns itself with the *diagnosis, prognosis,* and *treatment.* Here we cannot base our judgment upon views of the totality and let our patient too distinctly catch sight of the link which unites the simple neurasthenias to the psychasthenias and these latter to the insanities proper. That would be not only cruel but false, for in presence of a concrete case we can almost always marshal the symptoms so as to form a sufficiently precise clinical picture, tranquillise the patient anxious to know the name of his disease, determine the prognosis of the affection, and institute the physical or psychic treatment which is suitable in the particular form of psychoneurosis. In theory, we analyse and synthetise turn about, without having in view a special concrete case; in practice, we no longer are concerned with *diseases*—we treat *patients.* As one has often said, it is necessary to individualise, and it is with the *diagnosis* that this precise work begins, whose object is, in fact, the restoration of the patient. And without losing sight of the various hypotheses—the views of the totality—we are here obliged to speak distinctly, to, so to speak, divide the questions, by using the usual nomenclature, even although we may have good reasons to doubt its exactitude. I shall even go further and

say that it is necessary to define more and more, to classify the symptoms, discover those which belong to such and such a clinical form, and establish an always clearer nomenclature, which might be adopted by all clinicians. It matters little that the proposed term be very exact, expresses at once the pathogeny of the affection, or resumes happily the whole symptomatology; it is sufficient that it be short, euphonic enough to enter into current medical language, and that it so labels, I cannot too often repeat it, not a morbid entity, but a *clinical picture*, recognisable by all, even though we do not all see absolutely from the same points the limits which restrict it, and even though deeper study of a case raises new doubts and new problems.

Among the *psychoneuroses*, it seems to me that we must now distinguish:—

1. Neurasthenia;
2. Psychasthenia;
3. Hysteria;

lastly encroaching upon the domain of mental alienation;

4. Hypochondria; and 5. Melancholia in their slighter forms, which as yet do not render the intervention of the alienist necessary. It is a question of degree, and that is why these limits cannot be absolute and fixed. The alienists them-

selves continually reform their classifications, and if their studies define at one point and seem to create a new morbid entity—the dream of every classifier—in another direction they efface boundaries already traced, and reopen the whole question. If there is in psychiatry a clinical picture with very distinct outlines, it is assuredly that of *simple melancholia.* An attempt has been made to deny its existence and to include it in *circular insanity* presenting alternately melancholia and mania. There would then no longer be a disease meriting the name of *simple mania*, and yet what is there more typical than the mental state of a patient in maniacal delirium? In certain modern treatises of psychiatry one looks in vain for the disease called *hypochondria;* now it is only *hypochondriac symptoms* supervening in the course of various psychopathies that are spoken of. *Catatony* is also losing the character of a morbid entity which Kahlbaum gave to it, and *catatonic states* only are referred to, intermingling in certain subjects with the ordinary symptoms of their psychopathy.

For my part, I have for these various reasons a certain repugnance to the use of the words neurasthenia, hysteria, etc., which easily give rise to the too precise idea of the morbid entity, and I prefer to distinguish among the *psychopathic*

states, which, beside the organic affections of the nervous system, form the clientele of the modern neurologist :—

1. The neurasthenic states ;
2. The psychasthenic states ;
3. The hysterical states ;
4. The hypochondriac states ;
5. The melancholic states.

In all these patients, under the influence of causes at once physical and moral, the trouble may be aggravated and take a delirious insane form. Confinement is often then necessary, and we give place to the alienist. We expose ourselves to his criticisms, for he sometimes smiles with pity on learning of our attempts at psychotherapy ; he even accuses us of having aggravated the state of the patient. He is right when, owing to want of clinical experience, we do not recognise general paralysis under the deceptive mask of neurasthenia, or when we neglect to confine a proved melancholic in time to protect him from suicide. But our psychiatrist is wrong when he believes that confinement suffices, and that it is perfectly useless to apply a psychological treatment, a rational psychotherapy, to these various psychopathies. He laughs best who laughs last.

Let us note particularly that these various psychoneuroses, these *psychopathic states*, very

characteristic without being narrowly limited, may arise upon the basis of organic affections of the nervous system, such as epilepsy, general paralysis, the encephalopathies, the myelopathies, the toxic neurites, and may appear in imbeciles, degenerates with corporal and mental stigmata, and complicate acute or chronic diseases of most of the organs.

Let us finally very specially insist upon the morbid relationships, the frequent combination uniting neurasthenia to psychasthenia and to hysteria, upon the almost constant intervention of the hypochondriac and melancholic states, and the insensible progress to paranoic and delirious forms. Not that this transformation is frequent or necessitated by the evolution of the disease, that there is therefore great danger of the neurasthenic or the psychasthenic becoming insane; no, these various conditions are sufficiently typical to be recognised and diagnosed, and for one to be able to establish a probable prognosis. One may express oneself *as if* one had to do with different diseases, but one must not forget that we are dealing with psychopaths, and that one cannot always stop oneself at will upon the slippery path of the troubles of the mind.

Let us return to our subject, that is to say, to the "*neurasthenic states.*"

It is, indeed, the most frequent disease at the present day, the most spoken of. There is no medical man who does not see his consulting-room filled with these patients, more or less incapable of living their life normally; he often has too many, and if the patient, with good right, complains of the torment which his *nerves* impose upon him, the medical man is sometimes tempted to say—"But you do not think of my burden!"

By the fault of Beard himself, who put the phobias and other obsessions among the symptoms of his "neurasthenia," and of the moderns who have abused the word to incorporate all kinds of morbid forms, neurasthenia has become, as has been said, the "giant of neuropathology."

Far from wishing to confuse and to further enlarge this giant, I wish, on the contrary, to diminish it.

Reduced to its characteristic symptoms, *neurasthenia* forms a clinical picture quite as definite as hysteria, and more circumscribed and more stable than the modern psychasthenia.

The *neurasthenic states* are characterised, above all, by subjective symptoms, among which predominate the sensations of *fatigue*, of *exhaustion*, and *incapacity* in the physical, intellectual, and moral domain. One observes in these patients *psychic depression*, *hypochondriac* preoccupations,

and a *melancholic* disposition. Lastly, by the complaints of the patient, as well as objective examination, we find a series of *functional symptoms:* cephalalgia, rachialgia, insomnia, gastro-intestinal dyspepsia, palpitation, and vaso-motor disorders, innumerable troubles of the functioning of the sense organs, real and not imaginary amyosthenia, etc.

At the commencement, or in the forms which remain slight, the neurasthenic resembles a *fatigued* person, and all the authors have pointed out among the ætiological factors those which, by the physical or psychic path, can lessen the force of resistance of the nervous system: overwork—physical, intellectual, or emotional; infectious diseases—influenza, typhoid fever, malaria, syphilis, and tuberculosis; constitutional dyscrasias—gout, diabetes and arterio-sclerosis; pregnancy, lactation, senility, alcoholism, etc. Traumatism has been recognised as a cause of true neurasthenia by the physical and psychic shock which accompanies it.

Reduced to these dimensions, neurasthenia might be termed *chronic accumulated fatigue.* That is why it has been said that we are all more or less neurasthenic at times when we have been overworked. This is so true, that the neurasthenic state can be provoked, so to speak, experimentally by fatigue in subjects otherwise normal. Tissié

expresses himself as follows:—"Violent exercise, pushed to extreme fatigue, in highly trained men, healthy and robust, by a bicycle race, walking, or any prolonged and rhythmic muscular work, provokes experimental and transitory psychoses. These psychoses have the same outward manifestations as the pathological psychoses of morbid subjects, hysterical, degenerate, insane, etc. As, for example, the *ennui* which dominates them all, and which one always finds at a given moment in the gayest and best balanced subjects."[1]

Observe how near this "petite neurasthénie" is to the normal state. Ennui is so characteristic of the human species that Pascal said, "Man would weary even without any cause for weariness, from the condition of his constitution." Goethe expressed the same idea in the whimsical fancy—"If monkeys could suffer from ennui they would be men."

Féré[2] similarly points out the mental symptoms of fatigue, and insists upon the analogies which they present to those of neurasthenia.

"Fatigue," he says, "often provokes ideas of negation, persecution, and disparagement. Altru-

[1] Ph. Tissié. "L'entrainement intensif à bicyclette," *Revue scientifique*, Oct. 1894. "La fatigue chez les débiles nerveux et fatigués," *ibid.*, Oct. 1896.

[2] Féré. "Les troubles mentaux de la fatigue," *Médecine Moderne*, Nov. 1898.

istic sentiments give place to egoism, which shows itself in the most varied forms. The subject is incapable of reacting against obsessions and impulses which may become irresistible."

Lagrange and Gilbert Ballet have described these temporary neurasthenias due to overwork, and appearing in the "trained" simply because they do not perceive their fatigue in time. Binswanger[1] points out as possible consequences of mountain climbing, not only physical depression, but insomnia, sensibility to sound and light, hallucinatory states, restlessness of the limbs, trembling, states of distress, irritability, sadness, tears, and jactation.

Here we have, then, in the opinion of competent observers, pure fatigue creating neurasthenic states, and already obsessions and impulses are seen appearing—an outlined sketch of the psychasthenic states.

For my part I would strictly confine the term *neurasthenic state* to those *states of fatigue* due to multiple ponogenic causes. I have never employed it in a more extended sense, including with it the morbid impulses, the various phobias, obsessions, and fixed ideas. Even although these mental symptoms were accompanied by neur-

[1] *Die Pathologie und Therapie der Neurasthenie*, Jena, 1906.

asthenia—which is most usually the case—I have always had the impression that we were concerned here with graver states, entailing a much more serious prognosis.

We shall see later the intimate bond which unites the *neurasthenia* thus limited to the *psychasthenia of Janet*, but let us keep for the present to this *simple neurasthenia*, to the *true neurasthenic state*. It is easy to diagnose, since all of us have experienced its symptoms, and we have only mentally to multiply them tenfold to put ourselves in the place of our patients; that will give us sympathy for them, and perhaps the means of comforting and curing them.

Viewed thus from a distance, and closing the eyes a little, neurasthenia appears as a somewhat benign disease, much resembling ordinary fatigue, exaggerated in predisposed subjects. The trouble seems to be physical, and one comes quite naturally to treat it almost entirely by rest when exhaustion predominates, by training and exercise when one suspects a little want of initiative under this incapacity; resource is had to cures by altitude, baths, douches, and physical and medicinal tonics. One is a little astonished when one observes the frequent inefficiency of all these means, the relapses which almost continually succeed the temporary improvements, and make of

so many neurasthenics the too faithful residents of the hydrotherapeutic establishments. One is then obliged to differentiate between the temporary exhaustion in the overworked, and the tenacious incapacity of the neurasthenic. This fatigue becomes inexplicable when one has to do—and that is frequently the case—with people who are never overworked physically and intellectually, who have rested for so many years that their idleness is a burden to them. Then everything is explained by the *predisposition*, by a native *nervous weakness*. It is thought that harmful influences act upon *physically weak* people, which would have had no effect upon strong persons.

But when one looks closer at the matter, one changes one's opinion; the trouble does not appear so benign when one sees it coincide with mental symptoms, and evolve towards psychasthenia.

All the authors have insisted upon the *mental state* of these patients, and have pointed out the *psychic depression*, the *feebleness of attention*, *aboulia*, *emotivity*, and *autosuggestibility* in the sense of *hypochondriac preoccupations*. It is true that in order to maintain the autonomy of this psychoneurosis, or of this syndrome—the name has nothing to do with it—one passes over these capital symptoms a little rapidly, and specifies that there is no perversion of the judgment; that

that remains intact in spite of the general depression of the debilitated and exhausted psychic faculties. It is with difficulty that I imagine this integrity of the judgment in such a mental state.

In short, forgetting a little too readily the native predisposition which was postulated to explain how these subjects succumb to commonplace causes, a sort of synonymity is created between the terms *true neurasthenia* and *acquired neurasthenia*, while the new appellation *psychasthenia* has to designate the *hereditary* or *constitutional neurasthenia* of Charcot and Gilles de la Tourette.

Moreover, the same *accidental causes* are attributed to the latter as to true neurasthenia; these are—I quote Professor Raymond—all those which have a debilitating action: depressing emotions, excesses of all kinds, intellectual overwork and cerebral fatigue, traumatisms, infectious diseases, chronic diseases, severe hæmorrhages, etc.; in a word, all the influences which disturb the general nutrition and the functioning of the nervous system.

Those influences which in normal individuals would produce the *true neurasthenic state*—often benign and curable—induce the more severe affection, the psychoneurosis autonomous with *psychasthenia*, when they act upon *abnormal subjects* —impressionable, timid, hesitating, soft, lacking

initiative, odd, dreamers, over-scrupulous, exaggerating the importance of their small faults, and at the same time irritable and changeable in humour.

Well, I consider that the *true neurasthenics* have been very badly observed. Without it being necessary to declass them, one sees in them a great many of these mental defects, and these *characteristic blemishes* are not produced accidentally by overwork, the alleged author of all the mischief: due to heredity first of all, and education afterwards, they existed long before the crisis of neurasthenia. In them, as in the psychasthenic, "the mechanism was ready to work; the motive circumstance represented merely the fall of the lever permitting the starting of the machinery" (Professor Raymond).

One is apt to go a little too quickly in examining the heredity of these true neurasthenics. Most often, upon the simple affirmation of those interested—the patient or his relatives—it is declared that there is no psychopathic heredity, or that it is of little moment. The opinion of the patient is accepted at once, that he was well until the time when influenza, overwork, or cares overcame him, and a diagnosis is made of accidental *acquired neurasthenia.* The opinion would be changed if one had observed the patient and his

family before the crisis, and, in fact, one arrives at quite other views when one obtains an intimate acquaintance with the physical and mental personality of the subject, when one comes to know his parents, brothers, and sisters. One finds, then, that our *true neurasthenic* belongs to a family of psychopaths, in which one often discovers psychasthenic states, hysteria, epilepsy, migraine, idiots, imbeciles, or insane persons, etc. One apprehends the influence of education, which also creates psychasthenia by the false ideas and superstitions which it develops, when it ought to give us a clear view of things, and lead us to the mastery of ourselves.

Often, alas, one has to withdraw from the favourable prognosis that one has made as the result of a temporary therapeutic success, for some years afterwards one finds the subject with fully developed psychasthenia, or affected, as the result of an emotion, with mental confusion or typical melancholia. The psychiatrist of the University of Geneva, Professor Weber, was not wrong when he said to one of my pupils: "Pretty often the patients whom you have treated as neurasthenics come back to us as psychopaths."

On the other hand, one also observes many cases in which severe and inveterate symptoms

of true neurasthenia disappear in the space of a few days, under the influence of restorative conversations, by the reading of a psychotherapeutic letter, or a medical work explaining clearly the influence of mental representations in the development of this psychoneurosis. Whether one is dealing with the incurable invalids, who remain all their lives in this state of *true neurasthenia,* and whom I have compared to "spiritless horses," with the less rebellious neurasthenias which last for some years, or the frequent cases which yield rapidly to a rational psychotherapy, it is necessary always to put in the forefront the *psychic symptoms* :—the *pusillanimity,* the tendency to *discouragement* and *sadness,* and the *absence of self-mastery.*

Professor Raymond[1] has recognised this well, without drawing from it all the logical consequences, when he writes—"Even those arthritic patients who have the mastery of themselves, who dominate their emotions instead of being led by them, in a word, those who have a strong and firm brain, escape neurasthenia."

It could not be better expressed, and it is precisely this weak brain which constitutes a *native* and not acquired *psychasthenia,* just as

[1] F. Raymond. *Néuroses et psychonéuroses.* Leçons faites à la Salpetrière, Paris, Delarue, 1907

with a simple difference of degree in the neurasthenia termed constitutional. The ground here is also *degenerative*, although we do not yet observe the gross physical and mental stigmata of degeneration, or rather of human imperfection.

As soon as one has fully grasped the significance of this *primary mental weakness*, one sees at once all the advantage to be obtained from an education of the mind. One then recognises that the innumerable physiological symptoms are *secondary*, whether they be produced by pure mental representations, or whether these latter come to keep up and aggravate disorders due to physical causes.

Whether it begins by a sensation, an accidental discomfort in regard to which he distresses himself by reason of his pusillanimity, or whether, on the other hand, it commences by an emotion which disturbs the physiological functions, the subject enters into a vicious circle, or rather into a *spiral*. The organic discomfort which he perceives induces a hypochondriac preoccupation, an emotional disturbance. This perturbs the sleep, causes palpitation, or provokes gastro-intestinal dyspepsia. These disorders in their turn distress the apprehensive patient, fresh emotion engendering new functional troubles or aggravating those which already exist; it is

another opportunity for the patient to take fright and to advance always further in the fatal spiral.

For want of having sufficiently clearly recognised the *primitive psychic asthenia*, many medical men lay too much stress upon the physiological symptoms, and have resource to what is called at the present day *physiotherapy*—to material and medicinal treatments. These means give, I know, undeniable successes, sometimes by creating a state of physical well-being, which directly influences the mental condition, sometimes by awakening a beneficent suggestion of cure.

The influences which debilitate the organism contribute very distinctly to the origin and development of the psychic troubles—they often explain the frequent relapses; on the other hand, improvements of the physical condition lead also to happy modifications of the mental state, in neurasthenia as in the psychasthenic states or other psychopathies. It must not be forgotten that the mind, in its turn, reacts upon the body, and that the emotions can create conditions of real fatigue and disturb all the organic functions. It is necessary to take fully into account this reciprocal influence which the physical and the moral exercise upon each other. These ideas are of capital importance in

the history of the psychoses and the psychoneuroses; I may therefore be permitted to express myself in a general manner upon these relations.

I shall say, first of all, that between the physical condition and the mental condition there is no *direct and necessary* bond, entailing a constant parallelism between the physical health and that of the mind. On the one hand, we see weak, feeble, emaciated creatures suffering from debilitating diseases, presenting no symptom of neurasthenia or psychasthenia; these are healthy minds in sick bodies: conversely one sees the various disorders of the psychopathies succeeding each other in men of herculean frame, enjoying excellent physical health, and who have not been subjected to any marked debilitating influence. It is therefore false to immediately conclude the mental integrity from the physical health, and to always seek in the body the cause of the psychic disequilibrium. But if the individual subjected to any debilitating causes has defects at the bottom of his mentality, the physical weakening leads to psychopathic symptoms, or causes them to reappear after the physical and moral rest of the curative measures have silenced the episodic manifestations of the psychoneurosis.

That is why it is an advantage to combat all physical weakness in these patients, and to place them in the most favourable dynamogenic conditions. But that does not mean to say that this treatment suffices; it is yet more important to *reform the primitive mentality.*

Our mental defects—irritability, tendency to discouragement, pusillanimity in regard to illness and to death, impressionability, etc. — exist in the innate and acquired disposition of our mind, due to heredity and to education. If the general health is good, these faults remain more or less concealed, like rocks at the bottom of the sea, covered at high tide. Let some debilitating influence arise—physical, intellectual, and, above all, emotional fatigue—and these defects are laid bare, like the rocks at low tide.

Normal as we think we are, we have all these psychic debilities, and when we are fatigued and weakened, we react in the sense of this primitive mentality. Fatigue renders one irritable, another sad; it awakens the spirit of contradiction which sleeps in us, diminishes our patience and our sentiments of altruism, causes hypochondriac fears and anxieties to be born, although the idea of sickness and death found us somewhat indifferent in the state of physical well-being. This is why the most healthy man is susceptible

of becoming temporarily neurasthenic, when debilitating factors act upon him in an intense and continuous manner.

The *true neurasthenic* finds himself, to begin with, in a condition of inferiority; the rocks to which I have compared the mental defects are more superficial, and show their surface as soon as the tide begins to ebb. Causes which would be insufficient to provoke a diseased state in a better endowed man induce immediately psychopathic and physiological symptoms. The smallest fatigue, the slightest emotion, annihilate the potential of the subject, and lead to incapacity, to discouragement, and even indeed to suicide. Also often the smallest favourable event, good news, a comforting word, produce the opposite effect with like facility, and power succeeds incapacity, and courageous enthusiasm lack of initiative. This is not always a flash in the pan, as has been suggested; it is often a new and positive ordering. It is due to the fact that these subjects are *impressionable*, and sensitive, and capable of reacting in both senses. Within certain limits this mobility of impression is a good quality. That is what caused my excellent friend, Professor de Speyr, Professor of Psychiatry at Berne, to say: "It is only the neurasthenic who do anything in this world."

He meant by that that the indifference which simulates equilibrium is not a good characteristic, and that one can only do useful work by becoming enthusiastic, and allowing oneself to be impressed.

Sandras,[1] in 1851, noted well this variability of the symptoms which may diminish or disappear by a simple distraction; he saw also the "good neurasthenia" when he said: "Nothing is more admirable than this nervous state when it is at the service of a good head and a good heart."

One can then without danger be a little bit neurasthenic, if one does not go too far into psychasthenia, and if one avoids "moral insanity."

This *psychic weakness* of the neurasthenic, this inability to resist outside influences, has escaped no serious observer; but here one sees two opposite tendencies appear, that of the clinicians, often without knowing it imbued with a false materialism, and that of the psychologists, who are careful not to confound *soul* and *brain.*

The former maintain the morbid entities, and endeavour to introduce the precision of the hospital clinique into this "psychiatry." In a

[1] Sandras. *Traité pratique des maladies nerveuses*, Paris, 1851.

too simplistic conception of psychophysical parallelism or monism they carefully avoid the word *soul*, while abusing the terms psychism, psychic, psychopathy, and psychotherapy; the Greek word is allowed, the English word causes a smile. They seek in the brain the material primitive deformation which engenders the psychic disorder, and as they cannot suspect there lesions accessible to our means of investigation, they invoke intoxications due to malfunctioning of the stomach, the intestine, or the glandular organs, to hyperacidity of the blood, associating neurasthenia with the diseases due to impaired nutrition or rheumatism. They have so united these two conceptions that they commonly speak of neuro-arthritic subjects, and that has to explain everything.

But where have they seen the true gastropaths or patients affected with diarrhœa or chronic constipation who were neurasthenic by that fact alone? Why does this psychoneurosis, so easy to recognise, not show itself oftener amongst all these debilitated, intoxicated hospital patients? No doubt they are not of a lively gaiety, for they are suffering, but it is a long way from that justified sadness to the depression and incapacity of the least neurasthenic. Are there not a great many gouty and rheumatic persons,

if one may make use of that vague term, who are in no way neurasthenic even though they are peevish? Why do they not indicate neurasthenia as the almost necessary consequence of jaundice, if it be cholæmia that makes all the trouble? Why inversely do they see the neurasthenic and psychasthenic states attack subjects immune from all these constitutional maladies? How is it that they do not see the almost constant inefficacy of the therapeutic methods which aim only at the elimination of pathogenic toxines, and do not observe the influence of therapeutic suggestion in the cases which they benefit, temporarily, however, the condition of these patients?

How is it that so many clinicians pass by these facts which lie under their nose without seeing them, and do not recognise the mental symptoms of their patients, their state of mind, so easy to discover, that one can make the diagnosis after a few words of conversation? Why do they persist, except perhaps in hysteria, in always seeking for somatic causes? It is because on entering upon this psychiatric ground they get away from the data of material medicine. No doubt, every psychological fact supposes a physico-chemical modification of the cerebral cell, but that does not mean that every psychic dis-

order has its origin in a *primary alteration* of the brain.

The idea which another suggests to us constitutes a psychic stimulus, of a complexity quite different to a physiological stimulus, and will produce quite different reactions, according to the previous mentality of the subject, that is to say, according to the sum-total of conceptions which education, acting upon an hereditary basis, has accumulated in his mind.

Yes, it is the work of our brain, stimulated by means of the sensorial organs, which produces *thought*, the *psychic phenomena*. But the essence of the soul is not known to us, and it is as absurd to say "brain" instead of "soul" as to confound "electrical machine" and "electricity"; we know the latter as little as the abstraction which we name "soul." Nothing is more abstract, let us say metaphysical, than the conception of force or potential which is defined as "the supply of force accumulated at a mathematical point." The physicists who believe that in their definitions they remain upon the solid ground of the physical make me smile; they sail under full canvas in the metaphysical quite as much as the most daring spiritualist.

To suppress a question is not to resolve it. Therefore I object to the substitution of the

word brain for that of soul: it is a subterfuge. We employ too much the language of the anatomist and the physiologist, and not enough that of the psychologist. Whatever be the hypothetical solutions at which the thinker arrives, whether he regards thought as a purely biological phenomenon, or whether he believes it necessary to have resource to dualism, we do not know the essence of that thought; we express an abstraction by a word.

But in spite of this obscurity in regard to the nexus of the soul and the body, we can always distinguish between the *somatogenic* or *ideogenic* origin of a psychic or physical symptom. It is in the body that one has to seek the cause of a delirium provoked by fever, by intoxications, by cerebral lesions verified or probable; it is conversely in the mind that it is necessary to locate the primitive stimulus when we obey suggestions of any kind, heterosuggestions or autosuggestions.

I shall go further and say that even when a physical cause throws our mind into disorder it does not react in a univocal manner, and we will always discover the primitive mentality of the individual in the toxic delirium.

It is therefore necessary to distinguish carefully between the *physical constitution* and the

mental constitution, between the "corpus sanum" and the "mens sana." There is a link between these two healths, we are obliged to admit it, in virtue of the verified parallelism of the facts of consciousness and the cerebral work; but the idea acts upon the functioning of our organs at the same time that the bodily condition reacts upon our thought. When one regards psychopaths as well as the people called normal, it would often be more exact to say that it is the healthy mind which makes the healthy body than to inverse the proposition. What creates the neurasthenic is not the accidental provocative agent which acts upon so many others without troubling their functions; nor is it either the vague predisposition admitted after the event, by a logical induction—it is a *primitive weakness*, an *asthenia*.[1]

Is this debility physical? Is it necessary to seek its cause in a constitutional pathological state of the cerebral cell, or in alterations which

[1] In a profound study of the treatment of neurasthenia and hysteria, Dr. Dunin of Warsaw has clearly shown, and before me, how commonplace are the occasional causes which lead to neurasthenia. What characterises the neurasthenic is his *mentality*, which renders him pusillanimous, anxious about himself, and feeble in will (*Grundsätze der Behandlung der Neurasthenie und Hysterie.* Berlin, 1902).

it suffers later by the somatic path? I should be very sorry if it were so, for I should then no longer have the courage to enter upon the treatment of these patients. To modify a constitutional cerebral state is a very arduous task, and no one will make me believe that it is sufficient to add to hygiene the pitiful processes of physiotherapy in order to obtain durable results. I know of no medical means to restore such fragile cellular groups to their original state.

I know very well that in these patients one often finds a condition of weakness quite material, and alongside of the mental symptoms a crowd of real infirmities. Beard notes in his subjects: A frail organisation, the hair fine, the skin delicate, the features small, the bones slender, the musculature feeble, an evident physical feebleness therefore. He adds, "that this condition is often allied to a superior mind, to an active and animated nature, and that this constitution is more often met with in civilisation, in the towns than in the country." He finds in the antecedents of these patients "the tendency to true diseases of the nervous system; in early infancy—convulsions, irritability, and cerebral affections; later, chorea and analogous affections; at puberty—chlorosis, headaches, spermatorrhœa,

and sometimes epilepsy; at adult age—migraines, neuralgias, nervousness and loss of flesh following dyspepsia, and in its train constipation, insomnia, functional or even organic paralyses, hypochondria and neurasthenia; in women—hysteria, spinal irritation, and a whole series of nervous affections in the course of uterine diseases; in old age—cerebral softening and organic paralyses. He resumes: A child born nervous may have, during lactation, spasm of the glottis; in infancy, chorea; at puberty, pollutions; between twenty and fifty or sixty years, dyspepsia and neuralgias: he may die of apoplexy or softening of the brain."

How true this picture is for many cases, but how desperate; for, however much a therapeutist one may be, it is hardly possible to be sufficiently naïve to think to altogether change such a personality in so far as it is physical. Yes, there are some patients who correspond to this type, and it is these who, unfortunately, often escape our therapy. They would be at once and for ever incurable if the whole of their unhealthy state depended only upon their material structure, upon all these more or less indelible defects. Happily in that there is a gross error, not in the observation of these facts—one might infinitely prolong the list of these physical defects—but in their interpretation.

First of all it must not be forgotten that there are many individuals who have presented in their life these various symptoms, and who are in no way neurasthenic; there are even some of them who have numerous corporal stigmata of degeneration—receding forehead, prognathism, the ears badly margined or winged, etc., and who as much by their intelligence as by their moral worth surpass the physically better endowed.

But, contrary to Beard, it is, before all, necessary to classify the symptoms, not in an anatomical order, but according to the determining factors, according to their rank, and to find the link which unites them to each other. The capital defect in the *true neurasthenic* is *fatigability*, the tendency to *exhaustion*; it shows itself on the occasion of physical and intellectual work as well as in the face of moral suffering.

This fatigue reveals itself not only in the subjective sensation of functional incapacity, but by a mass of symptoms, amongst which I note:—the various cephalalgias, rachialgia, pains in the limbs and muscular cramps, functional insufficiencies of the sense organs, conditions of gastro-intestinal dyspepsia, verifiable by objective examination, anomalies of the functioning of the various tissues, betraying an actual lowering

of the organic vitality—all symptoms which may arise in the individual termed normal, when temporary influences have acted powerfully or in a too continuous manner.

On the other hand, one finds a great many symptoms which are attributable to the *emotivity* of the subject, another mental stigma of the neurasthenic; these are:—variations in the expression of the eyes, in the dimensions of the pupils, in the play of the physiognomy, tears, emotional blushing, sweating of the hands and feet produced by the least emotion, palpitations, insomnia fostered by preoccupations, trembling and convulsive movements, the sudden loss of muscular power by emotional inhibition, virile impotence from timidity, etc., etc.

When one tries to apportion the share of these two factors letting loose the functional symptoms, *fatigue* and *emotivity*, one perceives that it is impossible to separate them exactly in every case. Thus weakness of the voice, frequent at certain times of the day, may be attributed to a real fatigue, or, on the other hand, may be due to embarrassment, emotion, or autosuggestion. Asthenopia may follow excessive work, and seem to be due to an exhaustion, but it shows itself so quickly, often before any effort, that one is obliged to think

of autosuggestions of incapacity, of an anticipated *ponophobia* derived from the pusillanimous state of mind.

Sensibility to atmospheric influences, heat and especially cold, often appears to be due to a condition of malnutrition, to insufficiency of the peripheral circulation; conversely it may show itself in the absence of any circulatory trouble, and disappear so quickly under the influence of a moral cause, that one is obliged to introduce the psychic state, autosuggestion.

The muscular weakness may appear real, that is to say, adequate to the expenditure of organic carbon, when it is seen in a debilitated or actually overworked subject; one recognises, on the other hand, the *conviction of incapacity*, the *fear of fatigue*, when the muscles are sufficient and there has been no work performed. The mental, autosuggestive nature of this fatigue reveals itself even by its exaggeration, the exhaustion surpasses all limits, or by what I have called revealing contradictions, the patient becoming suddenly capable of a greater effort than that which one demanded of him, or sustaining under the influence of its attraction an intellectual fatigue superior to that which he shunned to undertake.

The pains in the limbs, spontaneous or on the

occasion of any exercise, piano-playing, dress-making, etc., are sometimes so intense that the physician hesitates to speak of algogenic auto-suggestions, and yet a few counsels of a moral nature suffice to dissipate these old and rebellious incapacities.

In presence of those who declare themselves incapable of an intellectual effort, one has great difficulty in distinguishing the conditions of true incapacity and imaginary incapacity, until the patient himself is astonished at having been able to support without fatigue a psychotherapeutic conversation of two hours, although his head gets confused when he attends a lecture of one hour's duration. He observes this contradiction himself, and explains it by saying that at the lecture he allows himself to be more easily overcome by the conviction of incapacity. And henceforth the headaches no longer occur after half an hour's work if you have made your patient thoroughly to understand how the autosuggestion engendered by pusillanimity provokes the subjective and objective symptoms of fatigue.

Asthenopias which have lasted for years and resisted the treatment of the oculists yield in a few days, even indeed after a single consultation, when one has been able to demonstrate to the patient that a healthy eye cannot be exhausted

in a few minutes, and that in the fatigue there is more of ponophobia than of real exhaustion.

The patients are numerous who recognise that their insomnia is the fruit of a preoccupation, of the fear of not sleeping; there are some of them who confess quite frankly that they make the autosuggestion of insomnia themselves.

The palpitations of neurasthenics arise almost always from emotion, either under the influence of a definite fear, or that vague fear which results from a *permanent sentiment of fragility.* You will easily discover the man who gets panic-stricken under the tachycardiac neurasthenic.

The innumerable patients who have been termed "false gastropaths" can be easily led back to the régime of ordinary people, even when for years they have practised a debilitating régime, from fear or by the advice of doctors, and in vain. They then lose the constipation of small eaters and the mucomembranous colitis which is its consequence.

Unhappy persons who have created for themselves and for those belonging to them an existence of martyrdom by their inaptitude for any physical or intellectual work, and by their want of resistance to trouble, often return very quickly to a normal life when they understand the action, not dynamogenic, but dynamophanic, of courage.

The physician who studies the state of mind of his patients will have no difficulty in recognising the primary evil in this *psychic asthenia*, united sometimes, but not always, with physical constitutional asthenia. He will consider *pusillanimity* and *want of self-mastery* as characteristic of these patients.

He will in no way renounce the physical means calculated to increase the strength and to dissipate the accumulated fatigue which the *neurasthenic crisis* represents. First of all he will have resource to rest—that of the simple sojourn in the country if the corporeal condition is still satisfactory; to rest in bed, if the exhaustion demands it. He will lead the patient back to the ordinary diet if he be only slightly dyspeptic; he will subject him to a cure by superalimentation, which is not a cramming, if it be a case for inducing a rapid increase of the strength and weight, and of dissipating, at the same time, phobias on the subject of alimentation. He may add to these two principal measures the less active processes of massage, regulated gymnastics, or a discreet hydrotherapy.

For my part, I have given up the greater part of these auxiliaries. I no longer require *isolation*, unless to eliminate the absolutely undesirable influences of relations; I only have resource to

rest in bed in conditions of extreme malnutrition and fatigue, when there are persistent cephalalgias and rachialgias; I no longer prescribe *superalimentation* except when the emaciation is considerable. Massage is still practised in my clinique as a slight auxiliary, which I readily put aside if it be badly borne, or to spare a patient not very well off this small supernumerary expense; that is the value I attach to it. I have abandoned all hydrotherapeutic measures, while recognising that a good hydrotherapeutic establishment, in a fine climatic situation, might be a choice sanatorium for a physician devoted to psychotherapy. He would, however, run a great danger, I have many times observed it, of creating in his patients too great a faith in these physical means, and of causing them to forget *the task of greater importance, self-education.*

As the medical experience grows, the gift of persuasion increases. It acts not only by those quite personal influences which result from the bond of confidence and sympathy which unite the patient and medical man—and which are wrongly termed suggestive—but by an ever closer dialectic, by an inculcation of sentimental logic.

The patient is not cured when by physical

or even psychic treatment we have caused the disappearance of the disorders which produced the fatigue.

It is necessary to reveal the causes of this exhaustion, and to prevent their action in the future. There are only four causes of fatigue:—

Physical work, intellectual work, abuse of pleasures, and the *emotions.* It is these last which constitute the richest source of *fatigue;* it is this whose debit we must reduce.

There are some neurasthenics who have burned the candle at both ends; they have combined severe sports with intellectual work, practised onanism or other excesses; they have, besides, cultivated their impressionability like artists. Many others have been so feeble all their life that it would be ridiculous to speak of overstrain, either by work or by excesses of which they would be incapable. They have had some real cares and many others imaginary, and have not been able to overcome their emotivity. They confess themselves that they make an emotion out of anything and out of nothing. By physical treatment and simple encouragement one pretty easily overcomes the exhaustion induced by these various influences; one helps the patient to pay the debts he has incurred. If he be sagacious, he will be able to draw some benefit from this experience, and

discover himself, without the aid of the physician, the causes of his crisis, and avoid it in the future. But these are the minority among the patients; the greater number fall again under the influence of new debilitating physical and, above all, moral causes. They will return to their habitual medical man, the gastro-therapeutist who knows their stomach so well and the virtue of régimes, the past-master of the douche who directs the spray as a virtuoso, the electro-therapeutist handling with precision the multiple manettes of his machines, not forgetting the gynæcologist who will always find something to scrape, to cauterise, or a uterus to replace. Often, too, the discouraged patient will seek a cure in some other land; one must console oneself, since no one is a prophet in his own country.

It will always be so if the trouble be seen only in the symptoms of the *neurasthenic crisis*, and one thinks of eliminating only the provoking agents, the accidental causes. The situation is the same as in hysteria, which has caused it to be said that the symptoms of that psychoneurosis are cured but not the disease, which is the *hysterical mentality*.

It is the *neurasthenic mentality* that must be attacked. Its principal character is *pusillanimity*. In virtue of hereditary predispositions and educa-

tive influences, the subjects susceptible of falling into the neurasthenic state through the provoking agents have not that robust good sense, that balance, which permits of adaptation to life.

They bring into their activity indecision and scruples derived always from fear.

In face of the least discomfort they take fright, and believe themselves affected with a grave malady; they increase their pusillanimity by reading medical works, by consulting pessimistic medical men, often hypochondriac themselves, who are of opinion that one must always be cautious and apply to every trifle the powerful weapons of modern therapy. There are cliniques where indeed it seems as though they had set themselves the task of cultivating this nosophobic neurasthenia. In all these patients you will observe the difficulty of adapting themselves to life as it is given to us, of supporting its vicissitudes with patience and courage; they have not yet carried out sufficiently *the education of their moral self.*

It is in this insufficiency of the intelligence, particularly in the ethical domain, that one has to recognise the primary trouble, not a simple predisposition, but an actual defect, ascertainable as soon as one knows one's patient. The patients may be very gifted in other ways, be very

intelligent, have many estimable qualities of heart and mind; they lack that good sort of stoicism necessary in the struggle of life.

The conception of this primitive defect has made me say, "As the tree grows, so it falls." There you see the *fundamental psychopathy* whose *neurasthenic crisis* is only an *episodic manifestation*, provoked by debilitating influences.

The situation is therefore the same as in *psychasthenia*, to which I must devote a few pages.

Although I am obliged already to recognise this psychasthenia in all my neurasthenics, and find it again in many psychoses, and although doubts may be raised as to the opportuneness of this new appellation, I am glad that Janet has proposed it. In his admirable analyses he has avoided the dogma of the "morbid entity," and demonstrated the bond which unites the psychoneuroses to each other and to the psychoses. A fear comes to me, however, that, still more than "neurasthenia," psychasthenia may become the giant of neuropathology and of psychiatry. But let us await the future reconstructions.

For the present the *psychasthenia* of Janet forms a clinical picture sufficiently well drawn and better named than that of Beard, in the sense that it denotes by a word the primitive

mental defect and causes it to be looked for in the *mentality* and not in the *nerves.*

But it is not at all in the work of classification, in the creation of an autonomous psychoneurosis, that I see the astonishing originality of the French psychologist. His work has quite a different import, as much theoretical as practical. He has put into the group of the *psychoneuroses*, which can not only be studied, but improved and cured, *psychopathic states* which one readily sent to the alienist or treated only with reluctance, haunted as one was by the idea of their incurability. One rather left them lying in the large drawer of *degeneration*, opened too widely by Morel, and divided into small compartments by Magnan. The word *degenerate* was not exactly made to give us courage.

No doubt a new appellation does not suffice to improve the prognosis of a disease, and our neurasthenics and psychasthenics remain indeed mental degenerates and will so remain in spite of all the psychological analyses. But the fine studies of Janet have enabled us to better grasp the insensible gradation which unites normal fear to phobia or to mania of touch ("delire du toucher"), common indecision to mania of doubt ("folie du doute"), and which turns the conscientious into sufferers from unhealthy scruples, etc.

In the fine work published in collaboration with Professor Raymond, he describes successively, at the same time uniting them, certain clinical pictures—the *neurasthenic states* and the *aboulic.*[1] In aboulia there appear *sentiments of incompletion.* Then the term neurasthenia disappears from his descriptions, in proportion as the symptoms become more mental and more severe. We are there fully into *psychasthenia,* which is cousin to epilepsy and migraine. We learn to know the *agitations* and *diffuse anguish,* of which it has been so often proposed to make new morbid entities. Then come the *phobias,* creating sometimes *algias* and sometimes *phobias of the functions,* among others, that of alimentation, so frequent in the true neurasthenic, the phobia of *objects,* that of *situations,* in particular *agoraphobia,* common also in the "petits neurastheniques." We proceed afterwards to the *tics* and to innumerable *manias,* from those which are compatible with the normal state to those which touch upon paranoia. In the second part we find described the *obsessional ideas;* they comprise the *hypochondriac* ideas, *nosomania* and *thanatophobia,* the *obsessions of shame,* associated with modesty and timidity, the *amorous obsessions,* often associated with the need

[1] Professors F. Raymond and Pierre Janet. *Les obsessions et la psychasthenie,* Paris, Felix Alcan, 1903.

of natural direction in persons of feeble mind. *Moral insanity* appears in the *criminal obsessions* in the form of impulses or remorse, in the *sacrilegious obsessions*, whose origin is in superstitious ideas. The last chapter is devoted to distinctly insane conditions:—*mental confusion with stupor, hallucinations, catatonic attitudes*, or *systematised insanities*. Am I not right in saying that already psychasthenia has taken gigantic proportions under the pen of Janet? It is not convenient for amateurs of classifications, but this description is true. At the base of all these states, from the most ordinary neurasthenia, termed acquired because one sees only the accidental crisis, to the most characteristic insanity, there is a *weakness of judgment*, a *psychasthenia*, that is to say, a difficulty in effecting that *mental synthesis* which alone permits of living with sensations adequate to the reality, in everything and everywhere being to the point.

Janet has not neglected to point out the possible somatic origin of such states, to recognise that they may be cerebral. But he has insisted upon the influence of ideas, of mental representations created through personal experiences or suggested by others, undergoing deformations in these subjects of weak mind and causing, especially by way of the emotions, the physical and

psychic symptoms of fatigue pushed to exhaustion.

He has seen clearly the suggestibility of these patients, their need of direction which ties them to the hypnotiser or to the psychotherapeutist; he does not overlook the possible dangers of purely suggestive methods.

In a chapter entitled Education of the Mind, he has pointed out all the benefit that may be obtained from a rational psychotherapy, from persuasion by word of mouth. I have been the better able to recognise the good foundation of these views as I have applied them during thirty years for the treatment of all my neurasthenics, to the hysterical, and to all those psychasthenics whom formerly I approached more timidly, imbued as I was by the idea of incurable degeneration. The attentive and repeated reading of the masterly works of Janet gives me a new courage, by demonstrating the success which one may obtain in cases which appear desperate. I have for a long time seen results in old psychasthenias which have surpassed my expectation.

There is, however, one point in which I differ from Janet, and I noted some years ago, at the end of the fine chapter upon The Education of the Mind, this remark: "This education, how-

ever interesting it may be, is still too purely intellectual; it must be more *moral, moralising,* and must have for its aim the giving back to the patient the *mastery of himself.*"

No doubt the culture of the intellectual faculties by graduated work, literary essays, pianoforte exercises, or teaching may have a happy influence, if one takes care to avoid fatigue; but one runs against a difficulty. It would then be necessary to go over again the entire education of the subject, from the infant school to the highest class; it would be necessary to devote oneself for some years to a single patient, to be his preceptor and form his mind.

The ideas of which the patient has need are, in my opinion, of quite another order than those which give instruction—school crams us with those without forming our judgment—they are those which create *moral intelligence.* It is easy to show the most illiterate patient the disastrous influence of fear, the harmfulness of discouragement, the ugliness of egoism, to make him feel the necessity, for all of us, of adapting ourselves to life. It is upon these *moral ideas* that it is necessary to fix his vacillating attention, to develop in him the faculty of mental synthesis. The task is, in short, the same as in the education of normal people. The intellectual work to which

we have devoted ourselves from school up to the university has not given us, alas! that healthy ethical judgment which leads to the mastery of self; one finds it often in persons without education; they have that robust good sense which is worth more than the erudition acquired at school or from books.

Like Janet, I recognise in the education of the mind the most powerful weapon that we have to combat the various psychoneuroses, but from the commencement of my efforts I have aimed in the direction of an *ethical logic*, a *sentimental dialectic*; that is why I wrote *The Psychoneuroses and their Moral Treatment.*

There is there a differentiation of extreme importance, for this education in the ethical domain is more easy to apply, appeals to the least cultivated persons, and gives results more prompt and, above all, more durable, while adapting the subjects to social life.

I do not enter here upon a more extended study of the *states named psychasthenic;* that would be going beyond my subject, and it could not be better done than in the works of Janet, which every medical man ought to read and re-read. One finds there that delicacy of psychological analysis and that clearness which characterise French writers so often, at least those

who manage to avoid a certain dogmatism also inherent in our Latin nature.

I am anxious also to clearly separate the more benign states, which have been designated by the term neurasthenia, from those grave forms in which the psychopathic condition appears in the forefront.

To recapitulate :—

The *neurasthenic states* constitute a very characteristic clinical picture, a psychoneurosis as circumscribed as a state in which the mentality of the subject intervenes can be.

Considered in the *state of crisis*, the disease presents symptoms which are those of *fatigue*, of *exhaustion*, creating incapacity in the physical, intellectual, and moral domain. To that is added an infinitude of painful sensations, disturbances of the physiological functions depending upon fatigue, emotion, or both at the same time, the emotion engendering the fatigue, and the latter originating the emotion.

These crises of indeterminate duration have, as *accidental causes*, all the physical and moral agents which can exercise a debilitating influence upon the body as well as upon the mind. These causes are absolutely the same as those which in other subjects create the *psychasthenic* states and the *psychoses* properly so called.

Exact and prolonged observation enables one to affirm the continual intervention of auto-suggestions in the origin, the development, and the cure of the crisis. The symptoms of these patients are not imaginary, but the attention that they give to them, the hypochondriac ideas which they create in their subject, augment the suffering and precipitate them into that "spiral" in which the organic symptom succeeds the emotion and *vice versâ*.

During the crisis and out of it, it is generally easy to discover in these subjects *mental defects* innate or acquired from the earliest years of existence, and which show themselves in *pusillanimity, emotivity, aboulia, indecision*, etc., all symptoms which denote a *weakness of the mental synthesis*, particularly in the most delicate operations, those which concern our moral life.

In the period of crisis, the treatment must aim at overcoming the state of exhaustion by the aid of rest, more or less complete, and by all the measures calculated to restore the vital energy; it is important among these last not to forget moral influence.

But in the course of this treatment, as well as in the periods of well-being, it is very important to combat the *primary mental states*, which have allowed causes, most often commonplace, to pro-

voke the state of neurasthenic crisis. It is here that the *education of the mind* comes in, *moral orthopedy* by means of loyal persuasion. It alone permits of the diminution of the *primitive psychasthenia* and the avoidance of the relapses which the return of the accidental causes almost necessarily entails.

Limited as a clinical picture, neurasthenia confines itself to the normal state, for it is proved that exaggerated fatigue may induce neurasthenic states in the best balanced individual.

In the graver forms, the mental defects are accentuated and neurasthenia passes into *psychasthenia*, and from that to the *insanities*.

If it be impossible to mark precise limits in this downward progress, one may distinguish different morbid forms, name them according to the predominant symptoms, and base upon these observations the diagnosis, prognosis, and treatment of a concrete case.

The nomenclature may be yet frequently changed, uniting these clinical pictures or establishing, on the other hand, new subdivisions. These classifications, necessary in practice, will not suppress two certain facts: (1st) the narrow relationship which unites the psychoneuroses to each other, and these to the psychoses; (2nd) the importance of the mentality of the subject as the

primary cause of the symptoms which the variable and contingent provoking agents produce.

To resume:

I reserve the term "neurasthenic state" for the patients who present, above all, the symptoms of *fatigue*, *exhaustion*, and *incapacity;* a delicate analysis alone allows one to establish in what measure this inability is physical or psychic. There is already some *psychasthenia* in these patients; there is already some *degeneration;* they are not of the *strong.*

The appellation "psychasthenia" is applicable to the patients in whom predominate the *phobic obsessions*, the *tics*, or the *manias*, etc. Here the psychopathic state is evident; the *mental synthesis* is particularly defective.

The "hysterical states" are characterised by an exaggerated *autosuggestibility*, which has enabled it to be said that these phenomena can be created and dissipated by suggestive or persuasive processes. This is not at all a certain criterion, since the same means can succeed in the other psychoneuroses, but it is evident that imagination plays a predominant part in hysteria. There is there also a weakness of the *mental synthesis*, betraying itself by a tendency to submit to the yoke of the imagination.

I come finally to the "hypochondriac states,"

the "melancholic states." They have in common a foundation of sadness, of despair, but the preoccupations are different; the hypochondriac pities himself over his *state of health*, while the melancholic regards exterior circumstances with sadness or criticises his conduct in a *self-accusing frame of mind.*

Under these very different forms of "psychoneuroses" one always recognises a *primitive mental defect*, a *psychasthenia.* In all these patients there is a *fundamental inferiority;* call it degeneration or imperfection, that is not of great importance. It is sufficient to know that therein lies the *primary trouble*, and that the form of the psychoneurosis will depend upon the mentality peculiar to the subject and to the accidental circumstances which provoke the conditions. Let us not forget that all these mental disorders, these emotions, provoke fatigue and thus create "neurasthenic" symptoms which mingle with those of the primitive psychoneurosis.

PRINTED BY WILLIAM GREEN AND SONS EDINBURGH.